

Tier Two Emergency and Hazardous Chemical Inventory

Specific Information by Chemical

Revised October 2008

Community Right-to-Know

ID #:

WAD980738546

(12-digit number beginning with CRK or WA)

(REQUIRED INFORMATION)

Facility Identification UBI/DOR#: 601741673		Main Contact Name JAMES BROWN Email (b)(6) Title OPERATIONS MANAGER Phone (206) 623-5800 Fax (206) 382-7335	
Name ALASKAN COPPER WORKS Address 3200 6TH AVE S City SEATTLE County KING State WA Zip 98134 Latitude 47°-34'-31" Longitude 122°-19'-33"		Mailing Address Must be included if different from Facility Address Address _____ City _____ State _____ Zip _____	
NAICS Code 332996 Dun & Bradstreet No. 009255571		Emergency Contact Name GERALD THOMPSON Title ENVIRONMENTAL TECHNICIAN Phone (206) 623-5800 24-hr. Phone (206) 571-6033 Name _____ Title _____ Phone () _____ 24-hr. Phone () _____	
Owner/Operator Name ALASKAN COPPER WORKS Street 3200 6TH AVE S City SEATTLE State WA Zip 98134 Phone (206) 623-5800			

Important: Read all instructions before completing form.

Reporting Period: From January 1 to December 31.

☐ Subject to section 112r of Clean Air Act

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	INVENTORY	Storage Codes Container Type Pressure Temperature	Storage Locations <i>(Non-Confidential)</i>
CAS [0][0][7][4][4][0][3][7][1] Trade Secret <input type="checkbox"/> Chem. Name ARGON	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	23,300 Max. Amount (lbs.) 22,000 Avg. Amount (lbs.) [0][4] Max. Daily Amount (code) [0][4] Avg. Daily Amount (code) [3][6][5] No. of Days On-site	A 2 4 L 2 4 L 2 4 A 2 4 L 2 4 L 2 4	BLDG 3200 PRODUCTION GAS PAD BLDG 3200 PRODUCTION GAS PAD BLDG 3200 PRODUCTION AREA BLDG 3317 GAS STORAGE PAD BLDG 3317 GAS STORAGE PAD BLDG 3317 PLASMA CUTTING AREA
EHS Name _____ Check all that apply <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS				
CAS [][][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	____ Max. Amount (lbs.) ____ Avg. Amount (lbs.) ____ Max. Daily Amount (code) ____ Avg. Daily Amount (code) ____ No. of Days On-site	L 2 4 L 2 4 _____ _____ _____	BLDG 3405 PRODUCTION AREA BLDG 3405 OUTSIDE GAS STORAGE PAD _____ _____ _____
EHS Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS				
CAS [0][0][7][6][9][7][3][7][2] Trade Secret <input type="checkbox"/> Chem. Name NITRIC ACID	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	6,600 Max. Amount (lbs.) 5,000 Avg. Amount (lbs.) [0][3] Max. Daily Amount (code) [0][3] Avg. Daily Amount (code) [3][6][5] No. of Days On-site	C 1 5 E 1 4 _____ _____ _____	ETCHING AREA IN BLDG 3200 ETCHING AREA STORAGE IN BLDG 3200 _____ _____ _____
EHS Name NITRIC ACID Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS				

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru 2, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

JOHN M. SOUZA, KTA ASSOC (ENVR CONSULTANT) SIGNING FOR

Name and official title of owner/operator's authorized representative

**JAMES BROWN, ALASKAN COPPER WORKS
(OPERATIONS MANAGER)**

Signature _____

01 MARCH 2011

Date Signed _____

OPTIONAL ATTACHMENTS

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

Facility ID# WAD980738546
 Facility Name ALASKAN COPPER WORKS

TIER TWO CONTINUATION FORM

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes			Storage Locations (Non-Confidential) Only 105 characters available including spaces (Please Print)
			Container Type	Pressure	Temperature	
CAS 007782447 Trade Secret <input type="checkbox"/> Chem. Name OXYGEN EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	46,000 Max Amt (lbs.) 44,000 Avg. Amt (lbs.) 04 Max. Daily Amt (code) 04 Avg. Daily Amt (code) 365 No. of Days Onsite	L 2 4 A 2 7 L 2 4 L 2 4 L 2 4 L 2 4	BLDG 628 MAINTENANCE SHOP BLDG 3200 PRODUCTION GAS PAD BLDG 3200 PRODUCTION GAS PAD BLDG 3200 PRODUCTION AREA BLDG 3317 GAS STORAGE PAD BLDG 3317 PLASMA CUTTING AREA		
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Max Amt (lbs.) _____ Avg. Amt (lbs.) _____ Max. Daily Amt (code) _____ Avg. Daily Amt (code) _____ No. of Days Onsite	L 2 4 L 2 4 _____ _____ _____ _____	BLDG 3405 OUTSIDE GAS STORAGE PAD BLDG 3405 PRODUCTION AREA _____ _____ _____ _____		
CAS 000074986 Trade Secret <input type="checkbox"/> Chem. Name PROPANE EHS Name _____ Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	12,000 Max Amt (lbs.) 10,000 Avg. Amt (lbs.) 04 Max. Daily Amt (code) 04 Avg. Daily Amt (code) 365 No. of Days Onsite	A 2 4 A 2 4 L 2 4 L 2 4 _____ _____	BLDG 628 OUTSIDE PROPANE REFUEL AREA BLDG 3223 OUTSIDE PROPANE REFUEL AREA BLDG 3200 PRODUCTION AREA BLDG 3405 PRODUCTION AREA _____ _____		
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Max Amt (lbs.) _____ Avg. Amt (lbs.) _____ Max. Daily Amt (code) _____ Avg. Daily Amt (code) _____ No. of Days Onsite	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____		
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Max Amt (lbs.) _____ Avg. Amt (lbs.) _____ Max. Daily Amt (code) _____ Avg. Daily Amt (code) _____ No. of Days Onsite	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____		